

Your Equality and Diversity Matters Policy

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Version Control Sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/Amended by
1	Policy Statement	Populated this section	1 June 2010	Karen Duncombe
1.1	Whole Document	Policy realigned following implementation of Transforming Community Services agenda and new legal entity	March 2011	Rachael Ellis-Ingamells
2	Whole Document	Whole document reviewed	May 2012	Qurban Hussain
3	Whole Document	Whole document reviewed	May 2014	Rachel Higgins
4	Whole Document	Whole document Reviewed	August 2016	Rachel Higgins
5	Whole Document	Whole document reviewed	August 2018	Rachel Higgins

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Policy Statement

<p>Background</p>	<p>As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of the nine protected characteristics defined by the Equality Act (2010) age, disability, gender, gender reassignment, sexual orientation, religion & belief, civil partnership/marriage, pregnancy/maternity and race.</p>
<p>Statement</p>	<p>We recognise that everyone has different needs in relation to public services, and that in both the workplace and as service users, certain individuals / groups of individuals can experience unfair and unequal outcomes and this policy states our commitment to overcoming these.</p>
<p>Responsibilities</p>	<p>All staff</p>
<p>Training</p>	<p>Training will be provided through Induction and Mandatory yearly training.</p>
<p>Dissemination</p>	<p>Website, training</p>
<p>Resource implication</p>	<p>None</p>

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1. Introduction

As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, appearance, nationality or culture.

As a Community Trust, we recognise that everyone has different needs in relation to public services, and that in both the workplace and as service users, certain individuals / groups of individuals can experience unfair and unequal outcomes.

2. Purpose and Scope

This policy sets out how Lincolnshire Community Health Services NHS Trust will use equality legislation as a lever to enable our trust to achieve two key things: firstly to deliver patient-centered services that are accessible to everyone; and secondly to become a model employer that attracts and retains the best employees who reflect the population that we serve.

This policy applies to all staff working within the Trust, (including temporary staff, contractors, students and those with honorary contracts) and relates to other Trust staff, contractors and staff from other organisations working on Trust premises.

It applies to all Trust premises and to all Trust staff working in other premises.

3. Definitions

Equal opportunities - emphasises the structures, systems and measures of groups within society and within organisations. Equality of opportunity is about addressing representation and balance.

Equality - is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on membership of a particular group.

Diversity - is about the recognition and valuing of difference in the broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals.

Direct discrimination – is where a criterion is applied overtly, that results in less favourable treatment of someone because of their ethnicity, gender, maternity, marriage or civil partnership, disability, religion or belief, sexual orientation, or age e.g. “No Irish served here”.

Indirect discrimination – is where a group of people of the same race, ethnicity, gender, marital or civil partnership status, disability, religion or belief, sexual orientation or age are unjustifiably at a disadvantage in their ability to comply with a specific provision, criterion or practice e.g. a rule saying all staff must be over five feet ten tall is likely to discriminate against women and some racial groups even though it doesn't specifically say no women.

4. Equality Delivery System (EDS2)

The Equality Delivery System (EDS) for the NHS was made available in June 2011. It was formally launched on 11 November 2011. Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of the NHS organisations, a refreshed EDS is now available. It is known as EDS2.

The main purpose of the EDS, was, and remains, to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

EDS is a tool to support the NHS to integrate equality and meet the requirements of the Equality Act 2010. The EDS was re-launched in November 13 and is now known as *EDS2*. It is more streamlined and simpler to use compared with the original EDS. At the heart of the EDS2 there are 18 outcomes, grouped under 4 Goals, shown in the below table. These outcomes relate to issues that matter to people who use, and work in, the NHS.

Goal	
1	Better Health Outcomes
2	Improved patient access and experience
3	A representative and supported workforce
4	Inclusive Leadership

The challenges that we as an organisation have regarding Equality and Diversity is to ensure that we are in line with the general and specific duties of the Equality Act 2010. Engaging and involving our service users and staff are key to make sure we are meeting our local community's needs within Lincolnshire and beyond.

LCBS continues to consolidate existing equality legislation to ensure there is no discrimination against people with the following nine protected characteristics.

5. Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Recent research has demonstrated that the treatment and experience of BME staff within the NHS is very significantly worse, on average, than that of NHS white staff. The publication of "The Snowy White Peaks of the NHS" (2014), demonstrated that BME staff were absent from the leadership of many organisations even where the workforce had substantial numbers of BME staff and where the organisation provided services to communities with large number of BME patients.

The report also summarised research over recent years showing that BME staff were treated less favorably by every measure, including promotion, grading, discipline, bullying, and access to non-mandatory training. It demonstrated that such evidence as exists showed little or no progress in recent years despite the growing number of BME staff employed as doctors, nurses and other staff.

There are nine indicators. Four of the indicators focus on workforce data, four are based on

data from the national NHS Staff Survey questions, and one indicator considers the representativeness of the organisation's Board. NHS organisations analyse their performance against the nine indicators and use the results to develop action plans to make continuous improvements.

6. Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of trust

The Equality & Diversity Council (EDC) has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. Launch 2019.

7. Accessible Information Standard (AIS)

Making health and social care information accessible

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss

8. Sexual Orientation Monitoring (SOM)

The SOM information standard provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years across all health services in England. It will also cover local authorities with responsibilities for adult social care in all service areas where it may be relevant to record this data using a standardised format.

This standard provides the categories for recording sexual orientation but does not mandate a collection.

The SOM has been based on research conducted by the Office for National Statistics (ONS) and the Equality and Human Rights Commission (EHRC), and on current practice by those organisations which monitor sexual orientation

9. Equality Legislation

The Equality Act 2010 aims to harmonise existing discrimination law and places a **general** duty upon public bodies to eliminate unlawful discrimination and harassment and promote Equality.

The Equality Act gives the UK a single Act of Parliament, requiring equal treatment in access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation. The Equality Act aims to simplify the law by bringing together several pieces of anti-discrimination legislation. It replaces the following employment legislation:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006
- Equality Act 2006, Part 2
- Equality Act (Sexual Orientation) Regulations 2007

The public sector Equality Duty (PSED), part of the Equality Act, came into force in April 2011. It requires NHS organisations to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations.

The duty has a key role to play in making sure that fairness is at the heart of public bodies' work and that public services meet the needs of different groups. It covers a range of public bodies, including NHS organisations, government departments, local authorities, schools and police authorities. The duty replaces the three former duties that required government departments, local authorities and other public bodies to take into account gender, race and disability equality both as employers and when making policy decisions and delivering services. The duty standardises this requirement and also extends it to cover age, marriage and civil partnership, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment.

9.1 The general equality duty

Section 149(1) of the Equality Act 2010 puts various requirements on NHS organisations when exercising their functions. The general duty requires NHS organisations to have due regard to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having *due regard* means consciously thinking about the three aims of the PSED as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by NHS trusts, such as:

- how they act as employers
- how they develop, evaluate and review policy
- how they design, deliver and evaluate services
- How they commission and procure from others.

9.2 The specific equality duty

In addition to the PSED, Section 153 of the Act gives the government powers to impose specific duties on certain public bodies to help them perform the PSED more effectively.

To help public bodies perform the public sector Equality Duty (PSED) more effectively, regulations were approved in Parliament on the 6 September 2011 that introduce two specific duties. The duties mean that NHS organisations are required to:

- publish information to demonstrate compliance with the PSED at least annually starting from 31 January 2012
- Prepare and publish equality objectives at least every four years starting from 6 April 2012.

10. Human Rights

All national legislation is underpinned by the Human Rights Act 1998, which came fully into force on 2 October 2000. The Act gives further effect in the UK to rights contained in the European Convention of Human Rights (ECHR), signed on 4 November 1950. The ECHR in turn stems from the Universal Declaration of Human Rights, adopted by the United Nations on 10 December 1948. The Act:

- Makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently; Means that cases can be dealt with in a UK court or tribunal; and
Says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

The key articles relevant to the delivery of health services within the Convention include:

- | | |
|-----------|--|
| Article 2 | Everyone has the right to life, except in very limited circumstances, e.g. defending oneself or someone else from unlawful violence. |
| Article 3 | No one shall be subjected to degrading or dehumanizing treatment |
| Article 5 | Everyone has the right to liberty and security of person |
| Article 8 | Everyone has the right to respect for their private and family life, home and correspondence |

Article 9	Everyone has the right to freedom of thought, conscience and religion subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, public order, health, morals, or the freedoms of others
Article 10	Everyone has the right to freedom of expression (subject to the same requirements as Article 9), but the exercise of those freedoms carries duties and responsibilities to the rights of others
Article 11	A person has the right to assemble with other people in a peaceful way. They also have the right to associate with other people, including the right to form a trade union. These rights may be restricted only in specified circumstances
Article 14	Prohibition on Discrimination. The enjoyment of the rights and freedoms set forth in the convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin

The Universal Declaration of Human Rights forms a basis that underpins all of our work in the NHS - see NHS Constitution for more information about rights for staff and service users.

11. Roles and Responsibilities

It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees; people in other organisations; the public in general.

Successful organisations are ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages; bodily appearances; classes; castes; creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with and without responsibilities for dependents.

LCHS is committed to ensuring that high performance is rewarded and that all staff have the opportunity to develop in role to reach their potential. It is also essential that we have assurance that performance management systems are in place. LCHS performs yearly Appraisals through the 'Your Performance Matters', Equality & Diversity are embedded in this process.

All staff members are responsible for their own behavior and for ensuring that they comply with this policy.

All managers have a responsibility to implement this policy and to bring it to the attention of staff members in their work area, in order to establish and maintain a work environment free of discrimination. They must:

- Act in accord with the guidance and values set out in the NHS Constitution with their workforce and EDI Lead at any time for advice/support and guidance.
- Promote equality in their working environment.

- Raise any areas of equality concerns through the appropriate channels i.e. line manager and or via the EDI lead, set a positive example by treating others with respect and dignity setting standards of acceptable behavior.
- Tackle, and where possible, resolve incidents of discrimination.
- The Trust Board and Chief Executive have a role in promoting equality, valuing diversity and protecting human rights throughout the Trust.

NHS Constitution and Explanatory Guide. Department of Health (2009)
<http://www.dh.gov.uk/nhsconstitution>

12. Role of the Equality and Human Rights Steering Group

The Equality and Human Rights Sub Committee has a responsibility to ensure that the policy is followed. Their duties will involve:

- Ensuring the effective implementation and monitoring of the Equality Strategy, equality objectives, Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Accessible Information Standard (AIS) and the Sexual Orientation Monitoring Standard (SOM).
- Reviewing and amending the policy as necessary.
- Reporting into Trust Board on progress.
- Address and inequalities that may arise or occur.
- Review the progress of the EDS2, WRES and WDES action plans on a regular basis.

We will continue to actively encourage all staff, patients, carers and members of the public to report any incidents of direct and indirect discrimination or areas of concern.

We will also ensure that positive steps are taken to ensure prevention of indirect discrimination in the development and application of Trust policies, procedures and service developments through equality analysis/equality impact assessments

13. Equality Strategy 2019-2022

The Lincolnshire Community Health Services NHS Trust Equality Strategy aims to improve the quality of healthcare by:

- **Reducing inequality and eliminating unlawful discrimination** in all aspects of in the Trusts delivery of local health services;
- **Promoting equality of opportunity** while valuing diversity, both among employees within the Trust and across communities within Lincolnshire;

The Equality Strategy details how we have met the specific duty to develop and publish a four-year equality strategy identifying our equality goals and associated action plan which also sets out what we will do to meet each of our specific equality duties. The Equality Strategy covers the nine equality strands of age, race, disability, gender, gender reassignment, sexual orientation, religion/belief, maternity & pregnancy, marriage and civil partnership as well as looking into actions that the Trust can take to promote equality in healthcare for those additional Impacts for other groups such as carers, homeless, travelling communities etc. The action plan aims to meet both high level and local action plans, in

consultation with employees, Trade Unions and external stakeholders (including local community and voluntary organisations and other public bodies).

13.1 The Equality Strategy, EDS2, WRES and WDES action plans

- Are available in a range of formats via our website
- Has been developed in consultation with staff, service users, carers and local voluntary / community sector organisations
- Monitored for progress quarterly
- Reviewed annually for any additional actions (inviting comments from all stakeholders)

13.2 Accountability of the Equality Scheme 2019 - 2022

The overall accountability and responsibility of the Equality Strategy, EDS2 and WRES Action Plan is with the Director of Nursing & Operations, Director of Workforce & Transformation and with the Equality & Diversity Lead. The Equality & Diversity Steering Group meets bi-monthly and will review progression on our Equality Objectives, the EDS2 and the WRES Action Plans, and will address Equality & Diversity issues that may arise.

14. Equality Analysis

What is Equality Impact Analysis?

Equality Impact Analysis is a tool for helping us to consider the potential impact that our Trust activities (services, projects, strategies, policies etc.) might have on our community (staff, patients, carers & others), from different equality perspectives.

It helps us provide better services to our patients and staff, by making sure that all our activities help to promote equality, challenge discrimination, and are genuinely accessible to all. It also helps us fulfil our legal obligations as a Trust under equality legislation. The Equality Act 2010 places a Specific Duty on public sector organisations to carry out Equality Impact Analysis on our activities, against each of the nine personal protected characteristics, which are:

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

Also to include carers.

When should we do it?

An Equality Impact Analysis should be carried out early in the planning, development or review of any activity within the Trust. This helps to ensure that equality is placed at the heart of everything we are doing. It looks at both positive and potentially negative impacts of the activity, to enable any necessary adjustments to be made at an early stage.

Activities for which an Equality Impact Analysis should be completed include:

- Service changes or redesign
- Organisational change
- Strategies
- Policies
- Proposals, projects & plans

- Care Pathways
- Processes & procedures
- Guidelines
- Systems
- Other Functions & Practices

15. Gender Pay Gap

The gender pay gap is the difference in the average hourly wage of all men and women across a workforce. If women do more of the less well paid jobs within an organisation than men, the gender pay gap is usually bigger.

15.1. The Gender Pay Gap reporting regulations

Large employers are legally required to publish gender pay gap data on their own website and on this government website. The rules are slightly different for employees in the public sector and those in the private and voluntary sectors.

15.2. Public Sector

Most public sector employers must follow The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. This includes most government departments, the armed forces, local authorities, NHS bodies, maintained schools and academy trusts and universities. The full list can be found in Schedule 2 of the regulations. If a public sector employer is not listed in Schedule 2 then they must report under the private and voluntary sector regulations.

A public sector employer listed in Schedule 2 has 250 or more staff on 31 March, and then they must publish their data by 30 March of the following year.

15.3. Data that must be published

All employers with 250 or more employees must calculate and publish the following data:

- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- The proportion of men in the organisation receiving a bonus payment
- The proportion of women the organisation receiving a bonus payment
- The proportion of men and women in each quartile pay band

Private and voluntary sector employers (and public sector employers not listed in Schedule 2) must also publish a written statement on their own website. The statement must confirm that the published information is accurate and must be signed by an appropriate senior person. The name and job title of that person must be published on this website. This is published on the LCHS public website.

16. Reporting incidents of Direct and Indirect Discrimination

- Where **direct discrimination** occurs between members of staff those affected are advised to use the procedure set out in the Trust's Anti Bullying and Harassment policy.
- Where **direct discrimination** occurs against a member/s of staff by a service user/s then the person/s affected should report this to their immediate line manager and

complete the necessary documentation to report it.

- Where **direct discrimination** occurs between service users we encourage you to report this via Datix.
- Where **direct discrimination** occurs against a service user/s by a member of staff then those affected are encouraged to report the incident via Datix.
- Where **indirect discrimination** occurs or is suspected we encourage both staff and service users to use the complaints procedure and Datix.

17. Consultation, Approval and Ratification Process

The procedures described in this policy have been will be discussed and agreed with the following: Employment Policy Group,
Equality & Human Rights Group,
Workforce and Transformation Executive Group
Quality and Risk Committee
JCNC

18. Review and Revision Arrangements including Version Control

This policy will be reviewed every three years. The Equality & Diversity Lead, with support from the Workforce & Transformation Team are responsible for reviewing this policy.

19. Dissemination and Implementation

This policy will be disseminated to the following:

- All staff and contractors working for the Trust
- The policy is kept electronically on the Trusts website
- Equality and Diversity Lead

The Trust will make the following training provisions to ensure this policy is disseminated consistently:

- All new staff, including temporary and locum staff will be made aware of this policy during the induction process
- Existing staff will have access to Mandatory training which includes Equality and Diversity awareness
- Bespoke equality and diversity training sessions on request

20. Document Control including Archiving Arrangements

This document is placed on the Website and it will be archived automatically when superseded by subsequent versions on the Trust Website.

21. Monitoring Compliance With and the Effectiveness of this policy

Compliance with this policy will be monitored in the following ways:

Area of monitoring	Method of monitoring	Frequency	Responsibility	Monitoring group/committee
Equality Strategy 2019-2022	Progress on implementation: action plans	Reviewed Annually	Equality and Diversity Lead	Equality and Human Rights Group
Equality Delivery System 2 (EDS2)	Progress on implementation of each action plan	Reviewed Quarterly		Workforce and Transformation Executive Group
Equality Analysis completed and made available to the public on the Trust's website	Progress on implementation of each action plan	Equality Impact Analysis should be completed include: <ul style="list-style-type: none"> • Service changes or redesign • Organisational change/Strategies/ Policies/Proposals, projects & plans/ Care Pathways/Processes procedures/Guidelines /Systems/ Other Functions & Practices 	Writers of the change	Quality and Risk Committee Trust Board
Production of an annual Equality report on workforce and service users	Annual Equality review to the Trust Board and made available to the public	Annually	Equality & Diversity Lead	Equality and Human Rights Group Quality & Risk Committee Workforce & Transformational Executive Group Trust Board
Measuring performance of related policies (e.g. Bullying & Harassment)	Analysis of equality monitoring data relating to other policies (e.g. Bullying & Harassment, Complaints)	Annually	Workforce & Transformation Team & Equality & Diversity Lead	Equality and Human Rights Group

22. References

The following Acts of Parliament may be connected to Promoting Equality, Valuing Diversity & Protecting Human Rights:

- Civil Partnership Act 2004 Crime and Disorder Act 1998
- Criminal Justice and Public Disorder Act 1995 Disability Discrimination Act 1995
- Disability Discrimination Act 2005
- Employment Act 2002
- Employment Equality (Age) Regulations 2006 Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Rights Act 1996 Equal Pay Act 1970
- Equality Act 2010
- Equality Duty 2010
- Gender Recognition Act 2004 Health and Safety at Work Act 1974 Health Bill 2009
- Human Rights Act 1998
- Protection from Harassment Act 1997 Race Relations (Amendment) Act 2000 Race Relations Act 1976
- Racial and Religious Hatred Act 2006
- Sex Discrimination Act 1975 (as amended by the Sex Discrimination Act 1986)

23. Equality Monitoring

It is both a requirement and good practice to know the composition of our patients and workforce so that issues of under-representation can be addressed and needs provided for. The Trust uses equality data to understand whether people from all backgrounds are being treated fairly. Even in equality areas where there is no legal requirement to monitor, it is good practice for the Trust to know whether its services are accessible and used by all groups, so that issues of under-representation can be addressed.

Monitoring gives equal opportunities credibility and integrity and it is the basic foundation for evaluating the extent of diversity. The results of equality monitoring can inform the effective use of resources, improve competitiveness by attracting and retaining staff, and enhance service delivery by understanding who our patients and service users are.

Equality data can be used to monitor the effects of policies, practices and activities on staff, patients, and service users from all equality groups and identify where there may be an adverse effect on particular groups. Without equality monitoring, the Trust will never know whether its equality policies are working. In turn, this can help to identify positive changes that can be made to improve equality and diversity in every aspect of The Trust, including access and levels of satisfaction amongst patients and service users through to staff recruitment employment or training.

23.1 Equality Monitoring under 16's

The Trust has taken a decision not to equality monitor children under the age of 16 around the areas of sexual orientation, gender reassignment, marriage/civil partnership or pregnancy and maternity. Unless it is in the area of sexual health.

Religion & Belief, gender, age, disability, race and ethnicity will be collected for under 16's.

24 Equality Analysis Screening Form

Title of activity	Your Equality and Diversity Matters		
Date form completed	12.11.18	Name of lead for this activity	Rachel Higgins

Analysis undertaken by:			
Name(s)	Job role	Department	Contact email
Rachel Higgins	E&D Lead	Quality	Rachel.higgins@lincs-chs.nhs.uk

What is the aim or objective of this activity?	Review of policy
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc..</i>	All

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	positive			As an employer, LCHS is committed to equality and valuing diversity within its workforce.
Disability	positive			
Gender reassignment	positive			Our goal is to ensure that these commitments, reinforced by our values, are embedded in our day-to-day working practices with all our patients, colleagues and partners.
Marriage & civil partnerships	positive			
Pregnancy & maternity	positive			We will demonstrate our commitment by every person working for LCHS has a personal responsibility for implementing and promoting the LCHS way in their day-to-day dealings with everyone – including patients, other staff and partners.
Race	positive			
Religion or belief	positive			
Sexual Orientation	positive			We will measure and report on the effectiveness of our service's delivery and employee policies and processes, in relation to these principles, by building performance monitoring and management information requirements into policy and product development. This information will be used to inform future policy and to enhance business processes
Additional Impacts <i>(What other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	positive			

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?		X
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?			X

If the negative impact is high, a full equality impact analysis will be acquired.

Action Plan

How could you minimize or remove any negative impacts identified, even if this is rated low?
Implement action plans for EDS2, WRES and WDES.
How will you monitor this impact or planned actions?
Publishing Equality, Diversity and Inclusion Annual Report reporting on data for staff and patients. Review action plans for EDS2, WRES and WDES quarterly.
Future review date: 2021